

MISSOURI TSA CONNECTIONS DEGREE PROGRAM

ACADEMIC DEGREE APPLICATION

Deadline: September 1

Candidate's Name _____

(Include a \$5.00 processing fee with this application.)

Home Mailing Address _____

P.O. Box or Street

City

State

Zip

Chapter _____ Grade Level _____

Years of Technology Education completed _____

Date you became a TSA member _____

Date you received the Basic Degree _____

Is your membership in TSA an active continuous one since you first became a member? _____

List the date(s) that you attended the Missouri TSA Connections Conference. _____

List the local TSA chapter committees on which you have served _____

List the date(s) that you attended and competed at the Missouri TSA Distinctions Conference:

Year

Competitive Event

List all local chapter offices that you have attempted or served _____

Grade Point Average (overall) _____ Overall Technology Education GPA _____

The above-named TSA member has completed the established requirements for this degree and we hereby certify the information and accounts to be true and accurate.

Advisor's Signature

Candidate's Signature